In the U.S. Paten and Trademark Office

Inventor Abbink

Serial number: 10/614,267

Filed:

07/02/2003

Examiner: Connolly, Patrick J

Title: Interferometer

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Response to Office Action

Responsive to the Office Action mailed 8/11/2004, Applicant submits the following in complete response thereto, and requests reconsideration of the Claims presented.

Paper:

Group: 2877

Amendment

Please amend the Claims, as shown on the attached sheets.

The present Amendment does not change the number of claims or the number of independent claims. Please charge the \$110 fee for a petition for a one month extension of time to respond, and any underpayments, and credit any overpayments, to deposit account 502443.

Claims 17-19 and 34-26

Claims 17-19 and 34-36 each recite a limitation to one or more corrective elements. The Office identified no such elements in the art. Accordingly, there is no *prima facie* case of anticipation or obviousness. Applicant submits that Claims 17-19 and 34-36 are in condition for allowance.

Conclusion

Applicant has responded to each and every rejection and urges that the Claims as presented are in condition for allowance. Applicant requests expeditious processing to issuance.

Respectfully submitted.

V. Gerald Grafe

date

Registration Number: 42,599

General Counsel InLight Solutions, Inc. 800 Bradbury SE Albuquerque, NM 87106

Certificate of Mailing

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on the date shown below with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents; P.O. Box 1450; Alexandria VA 22313-1450.

Dec 10,2004

name

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket N	lumber
10/4/426	7
P0069.US2	

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY .		OR	OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS		VI			RATE	FEE	1	RATE	FEE			
FOR · ,					JMBER EXTRA	BASIC FE	E 375.00	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			Ψ · minus 20= * 2		21	X\$ 9=		OR	X\$18=	378		
INDEPENDENT CLAIMS 7 minus 3 =				nus 3 = *.	4	X42=		OR	X84=	336		
MULTIPLE DEPENDENT CLAIM PRESENT						+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	1454		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							ENTITY	OR	OTHER SMALL	THAN		
	10/10/09	(Column 1) CLAIMS	(1 to 1 t	(Column 2 HIGHEST	(Column 3)	JIIALI	ADDI-/	₽	SINALL	ADDI-		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSL PAID FOR		RATE	TIONAL		RATE	TIONAL		
	Total	. 41	Minus	* 41		X\$ 9=		OR	X\$18=			
	Independent	NTATION OF MI	Minus	PENDENT CL	aim [X42=		OR	X84=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=		OR	+280=			
						TOTA		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Column 2	(Column 3)		$\overline{\cdot}$	-				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	±#	=	X\$ 9=	•	OR	X\$18=			
AME	Independent	*	Minus	***	=	X42=		OR	X84=	,		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR	+280=			
						TOTA ADDIT, FEI		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Column 2	(Column 3)				•			
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDN	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=			
ME	Independent	*	Minus	***	=	X42=		OR	X84=			
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT CL	AIM.]	-		000			
# If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+280= TOTAL			
941	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											